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# Price County Health Department

Thursday, March 10, 2005

Dr. Blane Christman, Chairman  
Governor's Task Force to Improve Access to Oral Health  
P.O. Box 7850  
Madison, Wisconsin 53707-7850

Dear Chairman Christman and members of the Governor's Task Force:

With great interest, the Price County Health Department has been following the activities of the Governor's Task Force on Oral Health through the DHFS website. Recommendations from the Task Force are critical to public health issues and outcomes we face as a local health department. The Price County Health Department has deeply appreciated the support we have received from Governor Doyle and the Department of Health and Family Services with the initiation of the *KidsFirst Initiative*. At this time, preventive strategies are already helping us to ensure services for Price County children and their families.

Price County has found, with oral health programming, important gaps in assuring oral health treatment needs for Wisconsin children. One gap found in offering oral health services at the local level involves the inability to designate a child with severe/urgent oral disease as a child with special health care needs (CSHCN). The definition of a CSHCN includes an illness or condition that meets the following criteria:

1. It is severe enough to restrict growth, development or ability to engage in usual activities.
2. It has been or is likely to be present or persist for 12 months to life long.
3. It is of sufficient complexity to require specialized health care, psychological or educational services of a type or amount beyond that required generally by children.

We feel a child with severe/urgent dental disease meets all of these criteria and urge the Governor's Task Force to look for solutions at the federal level to make the designation of a child with urgent or severe oral health needs as a child with special health care needs (CSHCN). With this designation local health departments will assure preventive *and treatment* services improving outcomes for the child, thus allowing us to be reimbursed for the service. In the past five years Price County has screened and served a number of children with severe and on-going oral disease issues which meet the defined criteria of CSHCN.

When oral health issues with children require more extensive targeted case management than a child with special health care needs, the Task Force members need to examine the medical targeted case management model. The Price County Health Department is successfully utilizing the model of targeted case management to assure oral health treatment services, just as we do for medically necessary reasons, but we are not being reimbursed.

We have a county employed dental professional who is assigned as the most appropriate case manager. This employee works under specific referral protocols and understands the oral health system; more so than the public health nursing staff. It is this professional who should be assigned as the case manager and be reimbursed for the services offered. For Task Force members, targeted case management may best be described by listing an example of services targeted case management offers:

- Conducting a medical/dental history review.
- Providing oral disease risk assessment.
- Providing oral screening assessment.
- Determining a treatment plan of care based on assessments
- Providing ongoing monitoring which includes, but is not limited to:
  - a) Anticipatory guidance and educational oral health offered to the child and parents/legal custodians.
  - b) Coordinate treatment care between parents/legal custodians, school administration and teachers, school nurses and public health departments, dental professionals and medical professionals.
  - c) Home visitation as needed.
  - d) Coordinating Health Check appointments.
  - e) Determining necessary clerical support. For example, necessary correspondence requirements or other paperwork.
  - f) Coordinating transportation needs.
  - g) Coordinating payments for necessary services not covered by medical assistance program.
  - h) Coordinating and confirming necessary appointment information with professional agencies.
  - i) Confirming appointment needs/requirements and times with clients.
  - j) Facilitating and coordinating follow-up appointments with professional offices.
  - k) Follow-up with family post treatment.

With the addition of oral health as a target group we are completing the charge of a local health department in assessing the need, delivering the plan and assuring the delivery of the service. Price County suggests that two models already exist in the system - children with special health care needs and targeted case management. It would be the Governor's Task Force that can recommend not re-inventing the wheel, just adding another spoke with the addition of oral health to these models. The Price County Health Department would be pleased to meet with the Task Force and provide examples and case histories of the issues.

Price County understands the important role of Governor's Doyle's *KidsFirst Initiative* that has offered us means to deliver preventive oral health services and referral. The *KidsFirst Initiative* has already affected a positive systemic change in Price County and we thank Governor Doyle. We now want to effectively assure that dental treatment needs are met, with limited government resources, so that we may better serve these children with special oral health needs.

Sincerely,

Tracy Ellis  
Tracy Ellis, RN, BAN Director/Health Officer